U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MORRIS S RUBINO	Name IRONWORKERS LOCAL UNION #68		
	Labor Organization File Number 032-914		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2595 YARDVILLE HAMILTON SQUARE ROAD	Street 2595 YARDVILLE HAMILTON SQUARE ROAD		
City TRENTON	City TRENTON		
State New Jersey ZIP Code + 4 08690	State New Jersey ZIP Code + 4 08690		
5. Position in labor organization. BUSINESS MANAGER / FST			
Entor appropriate date heleville during the materials	Emmanare when the control of the con		
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclusion	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or comonetary value from an employer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street	·		
City	System of the American Commission of Mandala Considerate and an annual Consideration of the C		
State ZIP Code + 4	And the state of t		
Signature			
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sect	of documents) has been examined by the simulation of the simulatio		
Signed Monis & Submin	On 8/5/65 (609) 586-6801		
- Marine	Date Telephone Number		

Name of Person Filing MORRIS RUBINO		File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or	s
8. Name and address of Business (including trade name, if any). Name IRONWORKERS LOCAL #68 SUPP DIS/ANCILLARY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2595 YARDVILLE HAMILTON SQUARE ROAD City TRENTON State New Jersey ZIP Code + 4 08690	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IRONWORKERS LOCAL #68 SUPP DIS/ANCILLARY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2595 YARDVILLE HAMILTON SQUARE ROAD City TRENTON State New Jersey ZIP Code + 4 08690	11.b. Approximate dollar value 12.a. Nature of interest held ON THE ABOVE TRUSTE	PEE MEETINGS OF IRONWORKERS LOCAL HELD ON MARCH 31, APRIL 5, JULY OF 2004. Per of such dealing. Or income received. PEE MEETING DATES LUNCH WAS SERVED OF THE AMOUNT INDICATED ON LINE
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ARK ASSET MANAGEMENT CO., INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 125 BROAD STREET City NEW YORK State	er parts A and B above) or other thing of value. 14.a. Nature of payment. ATTENDANCE OF DINNI MARCH 4, 2004 IN RI MIAMI, FLORIDA.	ER HELD, HOSTED BY ARK ASSET ON ELATION TO A CONVENTION HELD IN
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$153

Name of Person Filing MORRIS RUBINO	F-11 A
MORRIS RUBINO	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IRONWORKERS DISTRICT COUNCIL PHILA & VICINIT		
Trade Name, if any: BENEFIT & PENSION PLAN	a. Labor Organization	
	b. Trust	
P.O. Box, Bldg., Room No., if any	i in the second	
Street 6401 CASTOR AVENUE	c. Employer	
City PHILADELPHIA		
State Pennsylvania ZIP Code + 4 19149		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (ATTENDANCE OF TRUSTEE MEETINGS OF IRDISTRICT COUNCIL HELD ON FEBRUARY, M	ONWORKERS
Trade Name, if any:	NOVEMBER AND DECEMBER OF 2004.	
P.O. Box, Bldg., Room No., if any		
Street		20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,386
	12.a. Nature of interest held or income received.	
	FOR THE ABOVE TRUSTEE MEETING DATES COSTS WERE PAID FOR BY DISTRICT COUN	THE FOLLOWING
	INDICATED ON LINE 12b. TRANSPORTATION	N, LODGING, AND
		20 E2 A
		8. 1 1. 1 1. 1 1. 1 1. 1 1. 1 1. 1 1. 1
		Section of the sectio
	12.b. Amount.	\$2,386

Name of Person Filing MORRIS RUBINO	F0 . N
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)	9. Business deals with:
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	9. Business deals with: a. Labor Organization b. Trust c. Employer
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
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	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing MORRIS RUBINO	
TIONALD ROBINO	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	and the state of t
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	wi
0. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name (
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing MORRIS RUBINO	Tile Niconstructor
MORRID ROBINO	File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts payment of money or other thing of value.	A and B above) or from any labor relations consultant to an em	ployer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name M.D. SASS ASSOCIATES, INC.	ATTENDANCE OF DINNER HOSTED BY M.D. SA ASSOCIATES ON FEBRUARY 9, 2004 IN RELA	ASS ATION TO A	
Trade Name, if any:	CONVENTION HELD IN MIAMI, FLORIDA		
P.O. Box, Bldg., Room No., if any		And the second s	
Street 1185 AVENUE OF THE AMERICAS 18TH FL		· · ·	
City NEW YORK		The state of the s	
State New York ZIP Code + 4 10036			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$224	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	પ and B above) or from any labor relations consultant to an emp	oloyer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		And the state of t	
Trade Name, if any:		Management of the control of the con	
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4		Terrorito e 100 a e escatar companya e e e e e e e e e e e e e e e e e e e	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	# 10 m 10	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an empl	loyer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	TO SOME SECTION OF THE PROPERTY OF THE PROPERT	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		SCORECTOR AND	
City		invertised françaises que	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		